

MULTIPLE DEPENDENT
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 528848

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
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50							
TOTAL IND.	1		↓		↓		↓
TOTAL DEP.	7	↔		↔		↔	
TOTAL CLAIMS	8						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS							